



MARTHA COAKLEY  
ATTORNEY GENERAL

# THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108

Office Use Only: Fiscal Year

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

## Form PC

Report for the Fiscal Period: 01-01-2009 to 06-30-2009

Attorney General's Account #: 027045

Federal ID #: 04-3091431

When did the organization first engage in charitable work in Massachusetts? 07/06/1990

Has the organization applied for or been granted IRS tax exempt status? ☒ Yes ☐ No

If yes, date of application OR date of determination letter: 07/06/1990

IRS Exemption under 501(c): 03

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? ☒ Yes ☐ No

Check all items attached  
(if applicable)

- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Probate Account
- ☒ Copy of IRS Return
- ☒ Audited Financial Statements/Review
- ☒ Filing Fee
- ☐ Amended Articles/By-Laws

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MAY 26 PM 4:52  
ATTORNEY GENERAL'S OFFICE  
NON-PROFIT ORGANIZATIONS DIVISION

### Organization Data

Name: Electronic Frontier Foundation, Inc.

Mailing Address: 454 Shotwell Street

City: San Francisco State: CA Zip: 94110

Phone Number: (415) 436-9333 Fax Number: (415) 436-9993

Email: ssteale@eff.org Website: www.eff.org

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.  
Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>15</u>	Organization Purpose Code 1	<u>56</u>
Type of Organization (Table 2)	<u>21</u>	Organization Purpose Code 2	

Please check box if final return prior to dissolution: ☐

250 -

0-100/8-7 000

3. What is the form of organization? (check one)

Other (please describe): \_\_\_\_\_

5. Enter your summary of financial data:

9901A

- |    | Name/Title                                 | Hrs/<br>Week | Salary and<br>Other Income | Benefit Plans | Other<br>Compensation |
|----|--|--------------|----------------------------|---------------|-----------------------|
| 1. | Shari Steele, Executive Director           | 00040        | \$91,000.00                | \$825.00      |                       |
| 2. | Cindy Cohn, Legal Director                 | 00040        | \$78,750.00                | \$825.00      |                       |
| 3. | Jennifer Granick, Civil Liberties Director | 00040        | \$63,000.00                | \$825.00      |                       |
| 4. | Fred von Lohmann, Senior Prop. Attorney    | 00040        | \$59,797.00                | \$825.00      |                       |
| 5. | Tze L. Tien, Senior Staff Attorney         | 00040        | \$55,505.00                | \$825.00      |                       |

- Rev. 02/2010

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	Alison Johnson	\$51,185.00	Election verification
2.	National Coalition on Black Civic Participation	\$10,000.00	Election verification
3.	Joseph Lorenzo Hall	\$10,000.00	Election verification
4.	Advancement Project	\$10,000.00	Election verification
5.	Elaine Headley	\$8,497.00	Election verification

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
Wells Fargo Bank	333 Market Street, San Francisco	(415) 371-2631
Smith Barney	2775 Sand Hill Road, Menlo Park	(650) 926-7601

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other specify: \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

12. Contact Person Name: Shari Steele

Street Address: 454 Shotwell Street

City: San Francisco State: CA Zip Code: 94110

Phone Number: +1 (415) 436-9333



20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*



24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

*If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.*

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachment, is true and correct to the best of my knowledge.

Signature: Lisa Doran, CPA Date: 5/17/10

Printed Name: Lisa Doran, CPA

Title: Owner, Doran & Associates

Name of Preparer: Lisa C. Doran

Address 55 Mitchell Boulevard, Ste. 3

City San Rafael State CA Zip Code 94903

Phone Number +1 (415) 491-1130

## Schedule A-1

### Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other *specify*: \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



**Schedule A-1 ctd.**  
**Solicitation Activities During Fiscal Year Covered By This Report**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: Shari Steele, Executive Director  
Address 454 Shotwell Street  
City San Francisco State CA Zip Code 94110

Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: Shari Steele, Executive Director  
Address 454 Shotwell Street  
City San Francisco State CA Zip Code 94110

Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Schedule A-2

### Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

N/A

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing <input type="checkbox"/>	Via the Internet <input checked="" type="checkbox"/>
Door-to-door <input type="checkbox"/>	Raffle, beano, bingo or gaming event <input type="checkbox"/>
Entertainment event <input type="checkbox"/>	Sale of goods other than by telephone <input type="checkbox"/>
Telemarketing without sale of goods or ads <input type="checkbox"/>	Individual Mailings <input type="checkbox"/>
Telemarketing with sale of goods <input type="checkbox"/>	Corporate solicitations <input type="checkbox"/>
Telemarketing with sale of ads <input type="checkbox"/>	Grant Proposals <input checked="" type="checkbox"/>

☐ Other *specify*: \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor* <input type="checkbox"/>	Own employees <input checked="" type="checkbox"/>
Professional fundraising counsel* <input type="checkbox"/>	Volunteers <input type="checkbox"/>
Commercial co-venturer* <input type="checkbox"/>	

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Schedule A-2 ctd.**  
**Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Name and Title: Shari Steele, Executive Director

Address 454 Shotwell Street

City San Francisco State CA Zip Code 94110

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Name and Title: Shari Steele, Executive Director

Address 454 Shotwell Street

City San Francisco State CA Zip Code 94110

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Certification by Organization


*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

**Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.**

Signature: Mark Stule Date: 5/17/10

Printed Name: Shari Steele

Title: Executive Director and President

Signature:  Date: 5/17/10

Printed Name: Andrea Chiang

Title: CFO





AG 07/08/2010

454 Shotwell Street

San Francisco, CA 94110

Phone: 415-436-9333

Fax: 415-436-9993

Form PC, Item No. 18, *List of names, titles, and addresses of any individuals authorized to sign checks, and any individuals responsible for: custody of funds, distribution of funds; fundraising; and custody of financial records.*

1. Shari Steele, Executive Director
2. Cindy Cohn, Legal Director
3. Brad Templeton, Chairman of the Board.

# Electronic Frontier Foundation

454 Shotwell Street  
San Francisco, CA 94110  
Phone: 415-436-9333  
Fax: 415-436-9993

FORM PC, ITEM NO. 19  
**Other States Registered:**

State:	Registration Number:
Alabama	AL06-139
Alaska	
Arizona	23478
Arkansas	
California	CT128704
Colorado	20053010894
Connecticut	10802
Florida	CH16661
Illinois	01-014.617
Kansas	387-786-7
Kentucky	5029
Maine	253638
Maryland	13347
Massachusetts	27045
Michigan	MICS-26399
Minnesota	
Mississippi	100009301
New Hampshire	16300
New Jersey	2153400
New Mexico	04-3091431
New York	17-39-60
North Carolina	SL003654
North Dakota	7084
Ohio	02-3203
Oklahoma	4300689079
Oregon	31054
Pennsylvania	28262
Rhode Island	97-1585
South Carolina	10004
Utah	C4082
Virginia	
Washington	9852
West Virginia	
Wisconsin	7815-800